POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	_T.R._		4-5-00
O.I.P.E., CLASSIFIER		5 4-1700	
FORMALITY REVIEW	_M.M._	71629	5-30-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected		N .... Non-elected
= .... Allowed		I .... Interference
— (Through numeral)... Canceled		A .... Appeal
÷ .... Restricted		O .... Objected

Claim		Date										
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If more than 150 claims or 10 actions
staple additional sheet here

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